

Department of Development Services

Zoning and Building Safety Divisions 300 Park Avenue, Suite 300W, Falls Church, VA 22046 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214 permits@fallschurchva.gov www.fallschurchva.gov

APPLICATION FOR FENCE OR SHED

(Application and Review Required. No Permit or Fee.)

TRACKING NO.

Instructions: This application is for residential fences and sheds that do not require a permit or a fee. Indicate below the type of

work, fence or shed, and be certain your project meets the requirements indicated for not requiring a permit. The City will								
review your application and contact you with the results.								
ADDRESS OF BUIL	DING							
Street Address Unit #			Falls Church, VA Zip Code					
OWNER/APPLICANT			TENA	NT/LE	SSEE INFO	RMATI	ON	None
Name		Phone H O C	O C Name				Phone	н □о □с
Address			Address					
City	State	Zip Code	City			State	Zip Code	
Type of Work								
 Fence Submit a plat with the fence location highlighted and the height noted. Height is limited to seven (7) feet in required side and rear yards, four (4) feet in front yards. Required yards are defined by code (setbacks) and may differ from perceived yards on your property Fill in below the description of the type of fence, including length If this fence protects a swimming pool, a full Building Permit is required Must comply with all provisions of the Virginia Uniform Statewide Building Code, even though no permit is issued. Must be less than 200 square feet and may not have electric, plumbin gas connected. If it is over 200 square feet, or has any of those connections, a full Building Permit is required. 							building ie roof atewide , plumbing or	
GENERAL DESCRIPTION OF WORK								
		Sign						
I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. I also certify the work meets the requirement for being done without a permit, as outlined above. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.								
Signature of Applicant	nature of Applicant Date			Address				
Print Name Phone to Call When Permit R			eady	City		State	Zip Co	ode
e-mail address (optional)				Phone	e-mail ethod of contact for qu		ostal mail ready	
The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This								
document will be made available in alternate format upon request. Call 703-248-5080 (TTY 711).								
OFFICIAL USE ONLY								
Approved as compliant with Chapter 48 of the Zoning Code Approved by Public Works								
John C. Boyle, Zoning Administrator Approved by Urban Forestry		Date		Michael Collins	, Director of Public Works			Date
Kate Sutalo, Urban Forestry/Arborist		Date						